

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Timothy N. Moor

Serial No.:

10/588,629

For:

FLUID ANALYSER SYSTEMS

Filed:

April 3, 2007

Examiner:

Gissell, Gunner J.

Art Unit:

2856

Confirmation No.:

7206

Customer No.:

27,623

Attorney Docket No.: 377.8432USU

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

RESPONSE TRANSMITTAL

We are enclosing a response to the restriction requirement dated May 28, 2008 in the above-identified application.

	Petition for extension of time pursuant to 37 C.F.R. §§ 1.136 and 1.137 is hereby
made i	f, and to the extent, required. The fee for this extension of time is calculated to
be \$	to extend the time for filing this response until

The fee for any change in number of claims has been calculated as shown below.

-			LAIMS AS	AMENDED		
	Claims Remaining After Amendment		High Num Previo Pai	ber Ext usly		
Total Claims	39	Minus	39	0	x \$50.00	\$
Independent Claims	4	Minus	4	0	x \$210.00	\$
MULT	IPLE DEPENDEN	CLAIM FEE				x \$370.00 = \$
TOTA	TOTAL FEE FOR CLAIM CHANGES					\$0.00
1/2 FILING FEE	FOR SMALL ENT	ITY				\$N/A

This-

The total fee	for this	amendment,	including	claim	changes	and a	iny exte	nsion	of tim	ıe is
calculated to	be \$ _	0.00 .								

<u>X</u>	The Commissioner is hereby authorized to charge any fees under 37 C.F.R.
	16 and 1.17 which may be required with this communication or during the entire
pend	ency of the application, or credit any overpayment, to Deposit Account No. 01-
0467	. A duplicate copy of this Form is enclosed.

June 30, 2008	
Date	

Paul D. Greeley

Attorney for Applicant(s) Registration No. 31,019

Ohlandt, Greeley, Ruggiero & Perle, L.L.P. One Landmark Square, 10th Floor

Stamford, CT 06901-2682 Telephone: (203) 327-4500 Telefax: (203) 327-6401

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE U.S. POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: MAIL STOP AMENDMENT, COMMISSIONER FOR PATENTS, P.O. BOX 1/450, ALEXANDRIA, VA 22313-1450, ON June 30, 2008 .

Hector Lopez		6/30/08
NAME	SIGNATURE	DATE



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Total Claims	39	Minus	39		0	x \$50.00	\$
Independent Claims	4	Minus	4		0	x \$210.00	\$
MULT	IPLE DEPENDEN	T CLAIM FEE					x \$370.00 = \$
TOTA	L FEE FOR CLA	M CHANGES					\$0.00
1/2 FILING FEE	FOR SMALL EN	TITY					\$N/A

The total fee for this amendment, including claim changes and any extension of time is calculated to be $\frac{0.00}{0.00}$.

<u>X</u> The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467.** A duplicate copy of this Form is enclosed.

<u>June</u>	30,	2008	
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